

AMENDMENT TRANSMITTAL LETTER				Docket No. CPC-10003/22																																					
Application No. 10/645,951-Conf. #8257	Filing Date August 22, 2003	Examiner L. Soroush		Art Unit 1617																																					
Applicant(s): Scott Wepfer																																									
Invention: TOPICAL ANESTHETIC FORMULATION																																									
TO THE COMMISSIONER FOR PATENTS																																									
Transmitted herewith is an amendment in the above-identified application.																																									
The fee has been calculated and is transmitted as shown below.																																									
<p style="text-align: center;">CLAIMS AS AMENDED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>13</td> <td>- 24 =</td> <td>0</td> <td>x 25.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>5</td> <td>- 7 =</td> <td>0</td> <td>x 105.00</td> <td>0.00</td> </tr> <tr> <td colspan="6">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6">Other fee (please specify):</td> </tr> <tr> <td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td> <td>0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	13	- 24 =	0	x 25.00	0.00	Independent Claims	5	- 7 =	0	x 105.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00																																				
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																									
<input type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>07-1180</u> as described below. A duplicate copy of this sheet is enclosed.																																									
<input checked="" type="checkbox"/> Credit any overpayment.																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																									
/Avery N. Goldstein, Ph.D./ Dated: <u>October 16, 2007</u>																																									
Avery N. Goldstein, Ph.D. Attorney/Agent Reg. No.: 39,204																																									
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